

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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23		4				
24		3				
25		3				
26		4				
27		①	①			
28		4				
29		①				
30		4				
31		4				
32		4				
33		4				
34		2				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	59					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						